

<b>United States Bankruptcy Court</b> <b>Eastern District of Tennessee</b>						<b>Voluntary Petition</b>											
Name of Debtor (if individual, enter Last, First, Middle): <b>Reihl, Ronald Allsworth II</b>				Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Reihl, Jacquelyn Elizabeth</b>													
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):													
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>xxx-xx-0345</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) <b>xxx-xx-5650</b>													
Street Address of Debtor (No. and Street, City, and State): <b>5140 E. Town Creek Road</b> <b>Lenoir City, TN</b> <div style="text-align: right; font-size: small;">ZIP Code <b>37772</b></div>				Street Address of Joint Debtor (No. and Street, City, and State): <b>5140 E. Town Creek Road</b> <b>Lenoir City, TN</b> <div style="text-align: right; font-size: small;">ZIP Code <b>37772</b></div>													
County of Residence or of the Principal Place of Business: <b>Loudon</b>				County of Residence or of the Principal Place of Business: <b>Loudon</b>													
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>				Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>													
Location of Principal Assets of Business Debtor (if different from street address above):																	
<b>Type of Debtor</b> (Form of Organization) (Check one box)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		<b>Nature of Business</b> (Check one box)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box)  <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box)  <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.													
<b>Filing Fee</b> (Check one box)  <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).													
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						THIS SPACE IS FOR COURT USE ONLY											
Estimated Number of Creditors <table style="width: 100%; font-size: x-small;"><tr><td><input type="checkbox"/> 1-49</td><td><input type="checkbox"/> 50-99</td><td><input checked="" type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> OVER 100,000</td></tr></table>								<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000
<input type="checkbox"/> 1-49	<input type="checkbox"/> 50-99	<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000			<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> OVER 100,000						
Estimated Assets <table style="width: 100%; font-size: x-small;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input checked="" type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>								<input type="checkbox"/> \$0 to \$50,000	<input checked="" type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion
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Estimated Liabilities <table style="width: 100%; font-size: x-small;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1,000,001 to \$10 million</td><td><input type="checkbox"/> \$10,000,001 to \$50 million</td><td><input type="checkbox"/> \$50,000,001 to \$100 million</td><td><input type="checkbox"/> \$100,000,001 to \$500 million</td><td><input type="checkbox"/> \$500,000,001 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>						<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
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**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Reihl, Ronald Allsworth II**  
**Reihl, Jacquelyn Elizabeth****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **Eastern District of Tennessee**

Case Number:

**01-31501**

Date Filed:

**3/26/01**

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

**- None -**

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X /s/ Zachary Burroughs,****March 2, 2010**

Signature of Attorney for Debtor(s)

(Date)

**Zachary Burroughs, 025896****Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes)

- ☐
- Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Reihl, Ronald Allsworth II  
Reihl, Jacquelyn Elizabeth****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Ronald Allsworth Reihl, II**  
Signature of Debtor **Ronald Allsworth Reihl, II**

**X /s/ Jacquelyn Elizabeth Reihl**  
Signature of Joint Debtor **Jacquelyn Elizabeth Reihl**

Telephone Number (If not represented by attorney)

**March 2, 2010**

Date

**Signature of Attorney\***

**X /s/ Zachary Burroughs,**  
Signature of Attorney for Debtor(s)

**Zachary Burroughs, 025896**  
Printed Name of Attorney for Debtor(s)

**Clark & Washington, P.C.**  
Firm Name

**5401 Kingston Pike  
Building 3, Suite 610  
Knoxville, TN 37919**

Address

Email: **cwknoxville@cw13.com**

**865-281-8084 Fax: 865-862-8799**

Telephone Number

**March 2, 2010**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X** \_\_\_\_\_

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.*

**United States Bankruptcy Court  
Eastern District of Tennessee**

In re **Ronald Allsworth Reihl, II  
Jacquelyn Elizabeth Reihl**

Debtor(s)

Case No. \_\_\_\_\_  
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Ronald Allsworth Reihl, II  
Ronald Allsworth Reihl, II

Date: March 2, 2010

Certificate Number: \_\_\_\_\_

## **CERTIFICATE OF COUNSELING**

I CERTIFY that on \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_,

\_\_\_\_\_ received from

\_\_\_\_\_,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

\_\_\_\_\_, an individual [or group] briefing that complied

with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan \_\_\_\_\_. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted \_\_\_\_\_.

Date: \_\_\_\_\_

By \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

**United States Bankruptcy Court  
Eastern District of Tennessee**

In re **Ronald Allsworth Reihl, II  
Jacquelyn Elizabeth Reihl**

Debtor(s)

Case No. \_\_\_\_\_  
Chapter

7

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☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Jacquelyn Elizabeth Reihl

Jacquelyn Elizabeth Reihl

Date: March 2, 2010



Certificate Number: \_\_\_\_\_

## **CERTIFICATE OF COUNSELING**

I CERTIFY that on \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_,

\_\_\_\_\_ received from

\_\_\_\_\_,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

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This counseling session was conducted \_\_\_\_\_.

Date: \_\_\_\_\_

By \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

# United States Bankruptcy Court Eastern District of Tennessee

In re **Ronald Allsworth Reihl, II**  
**Jacquelyn Elizabeth Reihl**

Debtor(s)

Case No.

Chapter

**7**

## STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

### 1. Income from employment or operation of business

None  
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>\$38,920.48</b>	<b>2008 Income (joint)</b>
<b>\$50,028.65</b>	<b>2009 Income (joint)</b>
<b>\$6,581.25</b>	<b>2010 YTD Income (husband)</b>

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

3. Payments to creditors

None ☒ Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None ☐ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
Ronald Reihl 1095 W Garber Ave Harriman, TN 37748 Father	2/1/10	\$150.00	\$2,250.00

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Rural/Metro vs. Ronald Reighl Case No. 08CV263	Civil	Knox County General Sessions Court 400 Main Street Knoxville, TN 37902	Garnishment
Tina Hughess and Christina Turner vs. Ronald Reihl Docket No. 16038	Civil	Roane County General Sessions Court	Judgment

- None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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#### 5. Repossessions, foreclosures and returns

- None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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#### 6. Assignments and receiverships

- None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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#### 7. Gifts

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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#### 8. Losses

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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### 9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>DECAF</b> <b>112 Goliad Street, Ste D</b> <b>Fort Worth, TX 76126</b>	<b>02/16/10</b>	<b>\$50.00</b>
<b>Clark &amp; Washington, PC</b> <b>3300 Northeast Expressway</b> <b>Bldg. 3 Ste. A</b> <b>Atlanta, GA 30341</b>	<b>04/01/10 Ronald A. Reihl</b>	<b>\$250.00</b>
<b>Clark &amp; Washington, PC</b> <b>3300 Northeast Expressway</b> <b>Bldg. 3 Ste. A</b> <b>Atlanta, GA 30341</b>	<b>05/6/10 Ronald A. Reihl</b>	<b>\$250.00</b>
<b>Clark &amp; Washington, PC</b> <b>3300 Northeast Expressway</b> <b>Bldg. 3 Ste. A</b> <b>Atlanta, GA 30341</b>	<b>06/10/10 Ronald A. Reihl</b>	<b>\$250.00</b>
<b>Clark &amp; Washington, PC</b> <b>3300 Northeast Expressway</b> <b>Bldg. 3 Ste. A</b> <b>Atlanta, GA 30341</b>	<b>07/08/10 Ronald A. Reihl</b>	<b>\$250.00</b>
<b>Clark &amp; Washington, PC</b> <b>3300 Northeast Expressway</b> <b>Bldg. 3 Ste. A</b> <b>Atlanta, GA 30341</b>	<b>08/12/10 Ronald A. Reihl</b>	<b>\$250.00</b>

### 10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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**11. Closed financial accounts**

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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**12. Safe deposit boxes**

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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**13. Setoffs**

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property held for another person**

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
Timothy Reihl Unknown	Debtors are using brother's car currently. Brother is in military and deployed. It is a 2008 Nissan Sentra.	Debtor's Residence

**15. Prior address of debtor**

- None ☒ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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**16. Spouses and Former Spouses**

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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**18 . Nature, location and name of business**

None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

### 19. Books, records and financial statements

- None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

- None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

- None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

- None ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

### 20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY  
(Specify cost, market or other basis)

- None ☐ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY  
RECORDS

### 21 . Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE  
OF STOCK OWNERSHIP



**22 . Former partners, officers, directors and shareholders**

None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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**23 . Withdrawals from a partnership or distributions by a corporation**

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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**24. Tax Consolidation Group.**

None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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**25. Pension Funds.**

None ☐ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)
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**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date <u>March 2, 2010</u>	Signature <u>/s/ Ronald Allsworth Reihl, II</u> Ronald Allsworth Reihl, II Debtor
Date <u>March 2, 2010</u>	Signature <u>/s/ Jacquelyn Elizabeth Reihl</u> Jacquelyn Elizabeth Reihl Joint Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

**United States Bankruptcy Court**  
**Eastern District of Tennessee**

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Debtors

Case No. \_\_\_\_\_

Chapter 7

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>80,000.00</b>		
B - Personal Property	<b>Yes</b>	<b>3</b>	<b>7,290.00</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>1</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>1</b>		<b>95,894.82</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>2</b>		<b>3,400.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>25</b>		<b>145,439.78</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>1</b>			<b>3,831.23</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>3,807.00</b>
Total Number of Sheets of ALL Schedules		<b>38</b>			
Total Assets			<b>87,290.00</b>		
Total Liabilities				<b>244,734.60</b>	

**United States Bankruptcy Court**  
**Eastern District of Tennessee**

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Debtors

Case No. \_\_\_\_\_

Chapter 7

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>3,400.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>0.00</b>
Student Loan Obligations (from Schedule F)	<b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>0.00</b>
TOTAL	<b>3,400.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	<b>3,831.23</b>
Average Expenses (from Schedule J, Line 18)	<b>3,807.00</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	<b>4,296.70</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>15,894.82</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	<b>1,962.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>1,438.00</b>
4. Total from Schedule F		<b>145,439.78</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>162,772.60</b>

In re     **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
House and lot located at 5140 E. Town Creek Road, Lenoir City, TN 37772	Fee Simple	H	80,000.00	95,894.82

0 continuation sheets attached to the Schedule of Real Property

Sub-Total >     **80,000.00**     (Total of this page)

Total >     **80,000.00**

(Report also on Summary of Schedules)

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	<b>X</b>			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Checking account at Sun Trust</b>	<b>J</b>	<b>800.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>Living room furniture, washer/dryer, microwave, refrigerator, vacuum cleaner, TV, DVD player, bedroom furniture, stove, kitchen utensils, dishwasher, computer</b>	<b>J</b>	<b>1,165.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		<b>Personal Clothing</b>	<b>J</b>	<b>50.00</b>
7. Furs and jewelry.		<b>Costume jewelry</b>	<b>J</b>	<b>50.00</b>
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<b>Term life insurance policy. No cash value.</b>	<b>J</b>	<b>0.00</b>
10. Annuities. Itemize and name each issuer.	<b>X</b>			

Sub-Total > **2,065.00**  
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>401k</b>		<b>J</b>	<b>5,100.00</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			

Sub-Total > **5,100.00**  
(Total of this page)

Sheet 1 of 2 continuation sheets attached  
to the Schedule of Personal Property

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**  
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	<b>X</b>			
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>2 dogs</b>		<b>J</b>	<b>0.00</b>
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>Lawn mower, weed eater, video games</b>		<b>J</b>	<b>125.00</b>

Sub-Total >	<b>125.00</b>
(Total of this page)	
Total >	<b>7,290.00</b>

Sheet 2 of 2 continuation sheets attached  
to the Schedule of Personal Property

(Report also on Summary of Schedules)

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)

- ☐ 11 U.S.C. §522(b)(2)  
☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds  
\$136,875.

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b>Real Property</b>			
House and lot located at 5140 E. Town Creek Road, Lenoir City, TN 37772	Tenn. Code Ann. § 26-2-301(e)	25,000.00	80,000.00
<b>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</b>			
Checking account at Sun Trust	Tenn. Code Ann. § 26-2-103	800.00	800.00
<b>Household Goods and Furnishings</b>			
Living room furniture, washer/dryer, microwave, refrigerator, vacuum cleaner, TV, DVD player, bedroom furniture, stove, kitchen utensils, dishwasher, computer	Tenn. Code Ann. § 26-2-103	1,165.00	1,165.00
<b>Wearing Apparel</b>			
Personal Clothing	Tenn. Code Ann. § 26-2-104	50.00	50.00
<b>Furs and Jewelry</b>			
Costume jewelry	Tenn. Code Ann. § 26-2-103	50.00	50.00
<b>Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans</b>			
401k	Tenn. Code Ann. § 26-2-105	5,100.00	5,100.00
<b>Other Personal Property of Any Kind Not Already Listed</b>			
Lawn mower, weed eater, video games	Tenn. Code Ann. § 26-2-103	125.00	125.00

Total: **32,290.00** **87,290.00**

0 continuation sheets attached to Schedule of Property Claimed as Exempt



In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D	W I F E	J O I N T	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		Husband, Wife, Joint, or Community							
Account No.		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN							
Account No.		<b>2004</b>							
<b>Donald Morris</b> <b>801 Cranfield Lane</b> <b>Lenoir City, TN 37772</b>	<b>J</b>	<b>Mortgage</b>  <b>House and lot located at 5140 E. Town Creek Road, Lenoir City, TN 37772</b>						<b>60,194.82</b>	<b>0.00</b>
		Value \$ <b>80,000.00</b>							
Account No.		<b>2008</b>							
<b>Tin Hughes and Christina Turner</b> <b>c/o Donice Butler</b> <b>719 Morgan Avenue</b> <b>Harriman, TN 37748</b>	<b>J</b>	<b>Judgment Lien</b>  <b>House and lot located at 5140 E. Town Creek Road, Lenoir City, TN 37772</b>						<b>35,700.00</b>	<b>15,894.82</b>
		Value \$ <b>80,000.00</b>							
Account No.									
		Value \$							
Account No.									
		Value \$							
Subtotal (Total of this page)								<b>95,894.82</b>	<b>15,894.82</b>
Total (Report on Summary of Schedules)								<b>95,894.82</b>	<b>15,894.82</b>

0 continuation sheets attached

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

#### ☐ Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

#### ☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

#### ☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

#### ☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

#### ☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

#### ☐ Deposits by individuals

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

#### ☒ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

#### ☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

#### ☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)**Taxes and Certain Other Debts  
Owed to Governmental Units**

## TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.			<b>2008, 2009</b>					
<b>IRS 401 W. Peachtree St., N.W. Stop #334-D Room 400 Atlanta, GA 30308</b>		<b>J</b>	<b>Income Taxes</b>					<b>0.00</b>
							<b>1,400.00</b>	<b>1,400.00</b>
Account No.			<b>2008</b>					
<b>Loudon County Trustee PO Box 351 Loudon, TN 37774</b>		<b>J</b>	<b>Property Taxes</b>					<b>1,438.00</b>
							<b>2,000.00</b>	<b>562.00</b>
Account No.			<b>Notice Purpose Only</b>					
<b>Suzanne H Bauknight Asst US Atty Howard H. Baker Jr US Courthouse 800 Market St. Suite 211 Knoxville, TN 37902</b>		<b>J</b>						<b>0.00</b>
							<b>0.00</b>	<b>0.00</b>
Account No.								
Account No.								
Subtotal								<b>1,438.00</b>
(Total of this page)							<b>3,400.00</b>	<b>1,962.00</b>
Total								<b>1,438.00</b>
(Report on Summary of Schedules)							<b>3,400.00</b>	<b>1,962.00</b>

Sheet **1** of **1** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No. <b>xxxxx9225</b>						
<b>01 Bureau Investment Group c/o The Bureaus 1717 Central St Evanston, IL 60201-1507</b>	<b>J</b>	<b>6/2008 Collecitons</b>				<b>847.00</b>
Account No. <b>xxxxx7454</b>						
<b>01 Bureau Investment Group c/o The Bureaus 1717 Central St Evanston, IL 60201-1507</b>	<b>J</b>	<b>6/2008 Collections</b>				<b>1,966.00</b>
Account No.						
<b>Adjustment Service PO Box 1512 Knoxville, TN 37901</b>	<b>J</b>	<b>Notice Purpose Only</b>				<b>0.00</b>
Account No.						
<b>Alliance One 1160 Centre Pointe Drive, Suite #1 Mednota Heights, MN 55120</b>	<b>J</b>	<b>Notice Purpose Only</b>				<b>0.00</b>
Subtotal (Total of this page)						<b>2,813.00</b>

24 continuation sheets attached

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>2009 NSF</b>				
<b>Amsouth 2050 Parkway Office Circle Birmingham, AL 35244</b>	<b>J</b>					<b>94.00</b>
Account No.		<b>2008 Medical</b>				
<b>Anesthesia Medical Alliance c/o Optima Recovery Services 6215 Kingston Pike, Suite A Knoxville, TN 37919</b>	<b>J</b>					<b>1,000.00</b>
Account No.		<b>Notice Purpose Only</b>				
<b>Apex Financial Management, LLC PO Box 2219 Northbrook, IL 60065</b>	<b>J</b>					<b>0.00</b>
Account No.		<b>2007 Credit Card</b>				
<b>Applied Bank Card PO Box 11170 Wilmington, DE 19850</b>	<b>J</b>					<b>1,600.00</b>
Account No. <b>xxxxxx6612</b>		<b>1/2010 Collections</b>				
<b>Aspire Visa C/O Midland Credit Management 8875 Aero Dr. San Diego, CA 92123</b>	<b>J</b>					<b>1,480.00</b>
Sheet no. <u>1</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>4,174.00</b>

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.	J	Notice Purpose Only				
<b>Associated Recovery</b> <b>P.O. Box 469046</b> <b>Escondido, CA 92046</b>						
						<b>0.00</b>
Account No. xxxxxx8572	J	2009 Collections				
<b>AT &amp;T Mobility</b> <b>c/o AFNI</b> <b>PO Box 3427</b> <b>Bloomington, IL 61702</b>						
						<b>217.00</b>
Account No.	J	Notice Purpose Only				
<b>Bank of America</b> <b>P.O. Box 15726</b> <b>Wilmington, DE 19886-5726</b>						
						<b>0.00</b>
Account No.	J	2008 Medical				
<b>Baptist Hospital</b> <b>c/o Reports Inc</b> <b>601 Concord Street Suite 116</b> <b>Knoxville, TN 37939</b>						
						<b>1,430.00</b>
Account No.	J	Notice Purpose Only				
<b>Baptist Hospital West</b> <b>P.O. Box 415000</b> <b>MSC410203</b> <b>Nashville, TN 37241</b>						
						<b>0.00</b>
Sheet no. <u>2</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>1,647.00</b>

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Notice Purpose Only</b>				
<b>Barclays Bank Delaware 125 S. West Street Wilmington, DE 19801</b>	<b>J</b>					<b>0.00</b>
Account No.		<b>2009 NSF</b>				
<b>BB&amp;T PO Box 819 Wilson, NC 27894</b>	<b>J</b>					<b>200.00</b>
Account No.		<b>Notice Purpose Only</b>				
<b>BellSouth P.O. Box 3910 Tupelo, MS 38803-3910</b>	<b>J</b>					<b>0.00</b>
Account No.		<b>2008 Credit Card</b>				
<b>Best Buy Reward Zone P.O. Box 5222 Carol Stream, IL 60197</b>	<b>J</b>					<b>1,000.00</b>
Account No.		<b>2009 Collections</b>				
<b>BRS Equipment Recovery Services PO Box 9062 Addison, TX 75001</b>	<b>J</b>					<b>198.00</b>
Sheet no. <b>3</b> of <b>24</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>1,398.00</b>

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>2009 Collections</b>				
<b>Bureaus Investment 1717 Central Street Evanston, IL 60204</b>	<b>J</b>					<b>847.00</b>
Account No. <b>xxxx-xxxx-xxxx-7732</b>		<b>6/2008 Credit Card</b>				
<b>Capital One Bank 120 East Shore Dr Glen Allen, VA 23059</b>	<b>J</b>					<b>913.00</b>
Account No. <b>xxxx-xxxx-xxxx-2462</b>		<b>5/2008 Credit Card</b>				
<b>Capital One Bank 120 East Shore Dr Glen Allen, VA 23059</b>	<b>J</b>					<b>992.00</b>
Account No.		<b>2009 Credit Card</b>				
<b>Card Works Inc 393 Vanadium Rd Suite 300 Pittsburgh, PA 15243</b>	<b>J</b>					<b>1,156.80</b>
Account No.		<b>2009 Collections</b>				
<b>Charter Communications c/o Credit Protection Association P.O. Box 600 Alcoa, TN 37701-0600</b>	<b>J</b>					<b>430.00</b>
Sheet no. <u>4</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>4,338.80</b>



In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.  <b>Chase Bank</b> <b>800 Brooksedge Blvd</b> <b>Westerville, OH 43081</b>	<b>J</b>	<b>2006</b> <b>Credit Card</b>				<b>897.00</b>
Account No.  <b>CitiBank NA</b> <b>701 E 60th St N</b> <b>Sioux Falls, SD 57104</b>	<b>J</b>	<b>2010</b> <b>Student Loan</b>				<b>6,800.00</b>
Account No.  <b>Citizens Saving &amp; Loan</b> <b>8078 Kingston Pike</b> <b>Knoxville, TN 37919</b>	<b>J</b>	<b>2009</b> <b>Personal Loan</b>				<b>2,500.00</b>
Account No.  <b>Clark &amp; Washington, PC</b> <b>3300 Northeast Expressway</b> <b>Bldg. 3 Ste. A</b> <b>Atlanta, GA 30341</b>	<b>J</b>	<b>Notice Purpose Only</b>				<b>0.00</b>
Account No.  <b>Clary P Foote MD</b> <b>2319 S Roane Street</b> <b>Harriman, TN 37748-8653</b>	<b>J</b>	<b>2009</b> <b>Medical</b>				<b>1,220.00</b>
Sheet no. <u>5</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>11,417.00</b>

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>2009 Student Loan</b>				
<b>College Loan Corp c/o ACS 501 Bleecker St Utica, NY 13501</b>	<b>J</b>					<b>8,047.00</b>
Account No.		<b>2009 Collections</b>				
<b>Comcast c/o CBCS P.O. Box 163250 Columbus, OH 43216</b>	<b>J</b>					<b>220.00</b>
Account No.		<b>2008 Medical</b>				
<b>Covenant Medical Management 280 Fort Sanders W Blvd 205 Knoxville, TN 37922</b>	<b>J</b>					<b>1,000.00</b>
Account No.		<b>2009 Medical</b>				
<b>Credit Collection Services Two Wells Avenue Dept. 587 Newton Center, MA 02459</b>	<b>J</b>					<b>309.00</b>
Account No.		<b>2009 Credit Card</b>				
<b>Credit One P.O. Box 60500 City Of Industry, CA 91716-0500</b>	<b>J</b>					<b>1,500.00</b>
Sheet no. <u>6</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>11,076.00</b>

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>David Ayers</b> <b>423 Medical Park Drive</b> <b>Lenoir City, TN 37772</b>	<b>J</b>	<b>2009 Medical</b>				<b>500.00</b>
Account No.  <b>Desoto Memorial Hospital</b> <b>900 N Roberts Ave</b> <b>Arcadia, FL 34266</b>	<b>J</b>	<b>2005 Medical</b>				<b>1,000.00</b>
Account No.  <b>Enhanced Recovery</b> <b>8014 Bayberry Road</b> <b>Jacksonville, FL 32256</b>	<b>J</b>	<b>Notice Purpose Only</b>				<b>0.00</b>
Account No. <b>xxx3233</b>  <b>Equable Ascent Financial LLC</b> <b>1120 W Lake Cook Rd</b> <b>Ste B</b> <b>Buffalo Grove, IL 60089</b>	<b>J</b>	<b>6/2008 Collections</b>				<b>727.00</b>
Account No. <b>xxx2989</b>  <b>Equable Ascent Financial LLC</b> <b>1120 W Lake Cook Rd</b> <b>Ste B</b> <b>Buffalo Grove, IL 60089</b>	<b>J</b>	<b>Notice Purpose Only</b>				<b>0.00</b>
Sheet no. <u>7</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>2,227.00</b>

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.	J	<b>2010 Collections</b>				
<b>FAST P.O. Box 11567 8300 Kingston Pike Knoxville, TN 37939-1567</b>						
						<b>15,434.20</b>
Account No.	J	<b>2007 Services</b>				
<b>Fay Portable Buildings c/o Transworld Systems 320 N. Cedar Bluff Rd #240 Knoxville, TN 37923</b>						
						<b>360.00</b>
Account No. <b>xxxx-xxxx-xxxx-9261</b>	J	<b>12/2007 Credit Card</b>				
<b>First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107-0145</b>						
						<b>350.00</b>
Account No.	J	<b>2008 Collections</b>				
<b>First Source P.O. Box 628 Buffalo, NY 14240</b>						
						<b>531.99</b>
Account No.	J	<b>2009 Medical</b>				
<b>Ft. Sanders Loudon Emergency c/o Revenue REcovery 612 Gay St Knoxville, TN 37902</b>						
						<b>86.00</b>
Sheet no. <u>8</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>16,762.19</b>

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>2009 Medical</b>				
<b>Gary A. Cooper DDS 420 S. Charels G Seviars Blvd Clinton, TN 37716</b>	<b>J</b>					<b>431.28</b>
Account No.		<b>2009 Credit Card</b>				
<b>GE Money Bank c/o Midland Funding PO Box 1967 Southgate, MI 48195</b>	<b>J</b>					<b>1,375.61</b>
Account No.		<b>Notice Purpose Only</b>				
<b>Grant, Konvalinka &amp; Harrison, PC P.O. Box 24326 Chattanooga, TN 37422</b>	<b>J</b>					<b>0.00</b>
Account No.		<b>2009 Services</b>				
<b>Harriman City PO Box 433 Harriman, TN 37748</b>	<b>J</b>					<b>40.00</b>
Account No.		<b>Notice Purpose Only</b>				
<b>Harriman City Hospital 412 Devonia Street P.O. Box 489 Harriman, TN 37748</b>	<b>J</b>					<b>0.00</b>
Sheet no. <u>9</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>1,846.89</b>

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxx1165</b>  <b>Harriman Utility Board c/o IC Systems P.O. Box 64378 Saint Paul, MN 55164-0378</b>	<b>J</b>	<b>2/2008 Collections</b>				<b>2,095.00</b>
Account No.  <b>Harry G Boye Jr c/o Revenue Recovery 612 Gay St PO Box 2968 Memphis, TN 37501</b>	<b>J</b>	<b>2008 Medical</b>				<b>475.00</b>
Account No. <b>xxxx9545</b>  <b>HSBC Card Services c/o Arrow Financial Service 5996 W Touhy Ave Niles, IL 60714</b>	<b>J</b>	<b>6/2008 Collections</b>				<b>803.00</b>
Account No.  <b>Jeffery A Keeman PO Box 23740 Knoxville, TN 37933</b>	<b>J</b>	<b>208 Medical</b>				<b>830.32</b>
Account No.  <b>Jolas &amp; Associates, LLP 202 1st. Street NW P.O. Box 4000 Mason City, IA 50401</b>	<b>J</b>	<b>Notice Purpose Only</b>				<b>0.00</b>
Sheet no. <u>10</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>4,203.32</b>

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>Juniper Bank</b> <b>P.O. Box 8801</b> <b>Wilmington, DE 19899</b>	<b>J</b>	<b>2009 Credit Card</b>				<b>1,000.00</b>
Account No.  <b>Knox County General Sessions Court</b> <b>400 Main Street</b> <b>Knoxville, TN 37902</b>	<b>J</b>	<b>Notice Purpose Only</b>				<b>0.00</b>
Account No.  <b>Knoxville Wholesale Furniture</b> <b>PO Box 3212</b> <b>Evansville, IN 47731</b>	<b>J</b>	<b>2009 Credit Card</b>				<b>3,500.00</b>
Account No.  <b>Lab Corp</b> <b>c/o AMCA</b> <b>2269 S. Saw Mill River Road</b> <b>Elmsford, NY 10523</b>	<b>J</b>	<b>2009 Medical</b>				<b>309.00</b>
Account No. <b>xxxx-xxxx-xxxx-2415</b>  <b>LVNV Funding LLC</b> <b>P.O. Box 10584</b> <b>Greenville, SC 29603-0584</b>	<b>J</b>	<b>6/2008 Collections</b>				<b>965.00</b>
Sheet no. <b>11</b> of <b>24</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>5,774.00</b>

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>MARIN</b> <b>c/o LVNV Funding LLC</b> <b>P.O. Box 10497</b> <b>Greenville, SC 29603</b>	<b>J</b>	<b>2008 Credit Card</b>				<b>638.00</b>
Account No. <b>xxxxxx1604</b>  <b>Med 1 02 Jeffery A Keenan</b> <b>c/o Revenue Recovery</b> <b>612 Gay St</b> <b>Knoxville, TN 37902</b>	<b>J</b>	<b>6/2008 Collecitons</b>				<b>218.00</b>
Account No. <b>xxx9234</b>  <b>Med 1 Anesthesia Medical Alliance</b> <b>c/o Optima Recovery</b> <b>P.O.Box 52968</b> <b>Knoxville, TN 37950</b>	<b>J</b>	<b>5/2009 Collections</b>				<b>203.00</b>
Account No. <b>xxxxxxxxxxxxx0149</b>  <b>Med 1 Dr.Arthur Miller Assoc. PA</b> <b>c/o Rapid Recovery</b> <b>1325 SE 47th St</b> <b>Cape Coral, FL 33904-9692</b>	<b>J</b>	<b>7/2005 Collections</b>				<b>85.00</b>
Account No. <b>xxxxxxxxxxxxx7314</b>  <b>Med1 02 Baptist Hospital</b> <b>c/o North American Credit Services</b> <b>2810 Walker Rd</b> <b>Chattanooga, TN 37421-1082</b>	<b>J</b>	<b>11/2008 Collections</b>				<b>328.00</b>
Sheet no. <b>12</b> of <b>24</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>1,472.00</b>



In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.  <b>Mercy Dept 255 PO Box 4115 Concord, CA 94524</b>	<b>J</b>	<b>2008 Medical</b>				<b>11.86</b>
Account No. <b>xxxx-xxxx-xxxx-3115</b>  <b>Merrick Bank P.O. Box 1500 Draper, UT 84020</b>	<b>J</b>	<b>2/2006 Credit Card</b>				<b>1,156.00</b>
Account No.  <b>MMC Anesthesia c/o Revenue REcovery 612 Gay st PO Box 2968 Knoxville, TN 37901</b>	<b>J</b>	<b>2009 Medical</b>				<b>672.00</b>
Account No.  <b>MRS Associates INC 1930 Olney Ave Cherry Hill, NJ 08003</b>	<b>J</b>	<b>Notice Purpose Only</b>				<b>0.00</b>
Account No.  <b>MRS Associates INC 1930 Olney Ave Cherry Hill, NJ 08003</b>	<b>J</b>	<b>Notice Purpose Only</b>				<b>0.00</b>
Sheet no. <u>13</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>1,839.86</b>

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxx7782</b>  <b>Nextel</b> <b>c/o GC Services</b> <b>6330 Gulfton St</b> <b>Houston, TX 77081-1108</b>	<b>J</b>	<b>2006</b> <b>Collections</b>				<b>864.00</b>
Account No. <b>xxxxxxxxxxxx0001</b>  <b>Nissan Motor Acceptance</b> <b>c/o GC Services Limited</b> <b>PO Box 5220(023)</b> <b>San Antonio, TX 78201</b>	<b>J</b>	<b>2008</b> <b>Repossession Deficiency</b>				<b>7,230.00</b>
Account No.  <b>North America Credit Services</b> <b>2810 Walker Road</b> <b>PO Box 182221</b> <b>Chattanooga, TN 37421-1082</b>	<b>J</b>	<b>2009</b> <b>Credit Card</b>				<b>348.08</b>
Account No.  <b>Oak Ridge Hospital</b> <b>990 Oak Ridge Tnpk</b> <b>Oak Ridge, TN 37830</b>	<b>J</b>	<b>Notice Purpose Only</b>				<b>0.00</b>
Account No.  <b>OB/GYN Professionals</b> <b>9330 Parkwest Blvs</b> <b>Knoxville, TN 37923</b>	<b>J</b>	<b>2008</b> <b>Medical</b>				<b>25.00</b>
Sheet no. <b>14</b> of <b>24</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>8,467.08</b>
Subtotal (Total of this page)						<b>8,467.08</b>

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.	J	<b>2010 NSF</b>				
<b>ORNL FCU PO Box 365 Oak Ridge, TN 37831</b>						
						<b>500.00</b>
Account No.	J	<b>Notice Purpose Only</b>				
<b>Parkwest Medical Center Knoxville Business Office Services Bldg. B Ste. 401 1410 Centerpoint Blvd. Knoxville, TN 37922</b>						
						<b>0.00</b>
Account No.	J	<b>2009 Medical</b>				
<b>Pathology Laboratories West c/o Nashville Adjustment Bureau P.O. Box 198988 Nashville, TN 37219</b>						
						<b>275.00</b>
Account No.	J	<b>2009 Medical</b>				
<b>Pediatric Choice 125 East Town Creek Road Lenoir City, TN 37772</b>						
						<b>260.00</b>
Account No. <b>xxx5870</b>	J	<b>12/2009 Collections</b>				
<b>Pediatric Choice LLC c/o Fast Inc 8300 Kingston Pike Knoxville, TN 37919</b>						
						<b>85.00</b>
Sheet no. <u>15</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>1,120.00</b>

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.	J	<b>2009 Medical</b>				
<b>Pediatrics-Obst Medical Group 1 PO Box 504464 Saint Louis, MO 63150</b>						
						<b>731.56</b>
Account No.	J	<b>Notice Purpose Only</b>				
<b>Portfolio Recovery P.O. Box 12914 Norfolk, VA 23541</b>						
						<b>0.00</b>
Account No.	J	<b>2009 Medical</b>				
<b>Premier Surgical Associates c/o Optima Recovery Services 6215 Kingston Pk Ste A Knoxville, TN 37919</b>						
						<b>1,263.00</b>
Account No.	J	<b>2009 Medical</b>				
<b>Quest Diagnostics PO Box 740777 Cincinnati, OH 45274</b>						
						<b>6.58</b>
Account No.	J	<b>2009 Medical</b>				
<b>Radiology Imaging c/o Optima Recovery Services 6215 Kingston Pike, Suite A P.O.Box 52968 Knoxville, TN 37950</b>						
						<b>18.00</b>
Sheet no. <u>16</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>2,019.14</b>

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Notice Purpose Only</b>				
<b>Rebecca Walker Ste 100 9300 Park West Blvd Knoxville, TN 37923</b>	<b>J</b>					<b>0.00</b>
Account No.		<b>Notice Purpose Only</b>				
<b>Redline Recoveries 6464 Savoy Drive. 4th Fl. Houston, TX 77036</b>	<b>J</b>					<b>0.00</b>
Account No.		<b>2009 Repossession Deficiency</b>				
<b>Regions Bank Department 0150 P.O. Box 2153 Birmingham, AL 35287</b>	<b>J</b>					<b>17,500.00</b>
Account No.		<b>2008 Credit Card</b>				
<b>Regions Bank Department 0150 P.O. Box 2153 Birmingham, AL 35287</b>	<b>J</b>					<b>900.00</b>
Account No.		<b>Notice Purpose Only</b>				
<b>Revenue Recovery Corp 612 South Gay Street P.O. Box 2698 Knoxville, TN 37901</b>	<b>J</b>					<b>0.00</b>
Sheet no. <u>17</u> of <u>24</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
						<b>Subtotal (Total of this page)</b>
						<b>18,400.00</b>

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>Notice Only</b>				
<b>Roane County Chancery Court P.O. Box 402 Docket No. 16038 Kingston, TN 37763</b>	<b>J</b>					<b>0.00</b>
Account No.		<b>2009 Medical</b>				
<b>Roane Medical Center PO Box 489 Harriman, TN 37748</b>	<b>J</b>					<b>1,573.00</b>
Account No.		<b>2008 Personal Loan</b>				
<b>Ronald Reihl 1095 W Garber Ave Harriman, TN 37748</b>	<b>J</b>					<b>2,500.00</b>
Account No.		<b>2009 Judgment</b>				
<b>Rural/Metro Ambulance C/O Revenue Recovery PO Box 2698 Knoxville, TN 37901</b>	<b>J</b>					<b>727.50</b>
Account No.		<b>2009 Medical</b>				
<b>SE Emergency Phy 3429 Regal Dr Alcoa, TN 37701</b>	<b>J</b>					<b>525.00</b>
Sheet no. <b>18</b> of <b>24</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
						<b>Subtotal (Total of this page)</b>
						<b>5,325.50</b>

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.  <b>Sears</b> <b>c/o Jefferson Capital Systems</b> <b>16 McLeland Road</b> <b>Saint Cloud, MN 56303</b>	<b>J</b>	<b>2010 Credit Card</b>				<b>1,959.00</b>
Account No.  <b>Simm Associates</b> <b>800 Pencader Drive</b> <b>Newark, DE 19702</b>	<b>J</b>	<b>Notice Purpose Only</b>				<b>0.00</b>
Account No.  <b>Sonic</b> <b>c/o Arthur Gallagher</b> <b>2345 Grand Blvd Suite 900</b> <b>Kansas City, MO 64108</b>	<b>J</b>	<b>2008 Collections</b>				<b>1,625.00</b>
Account No. <b>xxxx1425</b>  <b>Sprint</b> <b>c/o NCO Financial</b> <b>PO Box 41448</b> <b>Philadelphia, PA 19101</b>	<b>J</b>	<b>4/2008 Collections</b>				<b>625.00</b>
Account No.  <b>Stephen Lazarus</b> <b>801 N Weisgarber Rd</b> <b>Ste 500</b> <b>Knoxville, TN 37909</b>	<b>J</b>	<b>2009 Medical</b>				<b>1,200.00</b>
Sheet no. <b>19</b> of <b>24</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>5,409.00</b>

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>2009 Medical</b>				
<b>Summitt Medical Group 1225 East Weisgaber Road #200 Knoxville, TN 37909</b>	<b>J</b>					<b>56.00</b>
Account No.		<b>2008 Collections</b>				
<b>TCCA/CBET Credit Bureau Collection Division P.O. Box 1619 Morristown, TN 37816</b>	<b>J</b>					<b>4,037.00</b>
Account No.		<b>2009 Medical</b>				
<b>The Skin Wellness Center 10215 Kingston Pike, Suite 200 Knoxville, TN 37922</b>	<b>J</b>					<b>265.00</b>
Account No.		<b>2001 Collections</b>				
<b>The Willows 7000 Arbor Trace Knoxville, TN 37909</b>	<b>J</b>					<b>2,200.00</b>
Account No.		<b>2009 Notice Purpose Only</b>				
<b>Tina Hughes and Christina Turner c/o Donice Butler 719 Morgan Ave Harriman, TN 37748</b>	<b>J</b>					<b>0.00</b>
Sheet no. <b>20</b> of <b>24</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>6,558.00</b>



In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.	J	<b>2009 Medical</b>				
<b>TN Foot and Ankle Clinic 125 E. Town Creek Rd Lenoir City, TN 37772</b>						
						<b>156.00</b>
Account No.	J	<b>2009 NSF</b>				
<b>Toys R US Cardmember Services P.O. Box 94014 Palatine, IL 60094</b>						
						<b>192.00</b>
Account No.	J	<b>Notice Purpose Only</b>				
<b>Tri County Collection 221 E Main Street, Suite 201 Morristown, TN 37814</b>						
						<b>0.00</b>
Account No.	J	<b>2009 Personal Loan</b>				
<b>TRS 4315 Pickett Road Saint Joseph, MO 64503</b>						
						<b>1,405.00</b>
Account No.	J	<b>2009 Credit Card</b>				
<b>Union Planters Bank Southeastern Financial 6160 E. Shelby Dr. Memphis, TN 38141</b>						
						<b>300.00</b>
Sheet no. <b>21</b> of <b>24</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>2,053.00</b>

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E D E B I T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.  <b>University Anesthesia C/O Accounts Research PO BOX 22782 Knoxville, TN 37933</b>	<b>J</b>	<b>2009 Notice Purpose Only</b>				<b>0.00</b>
Account No.  <b>University of Phoenix 4615 East Elwood Phoenix, AZ 85040</b>	<b>J</b>	<b>2007 Student Loan</b>				<b>1,651.00</b>
Account No.  <b>University Patologists, PC P.O. Box 52450 Knoxville, TN 37950</b>	<b>J</b>	<b>2009 Medical</b>				<b>14.00</b>
Account No.  <b>US Cellular P.O. Box 530724 Atlanta, GA 30353</b>	<b>J</b>	<b>2009 Notice Purpose Only</b>				<b>0.00</b>
Account No.  <b>UT Medical Center P.O. Box 1512 Knoxville, TN 37901</b>	<b>J</b>	<b>Notice Purpose Only</b>				<b>0.00</b>
Sheet no. <b>22</b> of <b>24</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>1,665.00</b>

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxx1686</b>  <b>Verizon</b> <b>c/o Midland Credit Managment</b> <b>8875 Aero Drive</b> <b>San Diego, CA 92123</b>	<b>J</b>	<b>2010 Collections</b>				<b>297.00</b>
Account No.  <b>Vista Radiology</b> <b>C/O Revenue Recovery</b> <b>PO Box 2698</b> <b>Knoxville, TN 37901</b>	<b>J</b>	<b>Notice Purpose Only</b>				<b>0.00</b>
Account No. <b>xxxxxxxxxxxx3632</b>  <b>Wachovia Bank</b> <b>c/o RJM Acquisitions, LLC</b> <b>575 Underhill Blvd. #224</b> <b>Syosset, NY 11791</b>	<b>J</b>	<b>12/2007 Collections</b>				<b>82.00</b>
Account No.  <b>Wachovia Bank</b> <b>c/o RJM Acquisitions, LLC</b> <b>575 Underhill Blvd. #224</b> <b>Syosset, NY 11791</b>	<b>J</b>	<b>2007 NSF</b>				<b>200.00</b>
Account No. <b>xxx9601</b>  <b>Washington Mutual</b> <b>c/o Hudson and Keyse</b> <b>382 Blackbrook Rd</b> <b>Painesville, OH 44077-1217</b>	<b>J</b>	<b>8/2009 Collections</b>				<b>1,449.00</b>
Sheet no. <b>23</b> of <b>24</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>2,028.00</b>

In re **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>2007 Services</b>				
<b>WCZ of TN Loudon 2400 Chipman St Knoxville, TN 37917</b>	<b>J</b>					<b>11.00</b>
Account No.		<b>2009 Repossession Deficiency</b>				
<b>Wells Fargo Auto Finance c/o Central Credit Services PO Box 15118 Jacksonville, FL 32239</b>	<b>J</b>					<b>21,395.00</b>
Account No.						
Account No.						
Account No.						
Sheet no. <b>24</b> of <b>24</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>21,406.00</b>
						<b>Total (Report on Summary of Schedules)</b>
						<b>145,439.78</b>

In re     **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
Unknown	Storage unit contract. Assume.

In re     **Ronald Allsworth Reihl, II,  
Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
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In re **Ronald Allsworth Reihl, II**  
**Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
<b>Married</b>	RELATIONSHIP(S): <b>Son</b>	AGE(S): <b>1</b>
<b>Employment:</b>	DEBTOR	SPOUSE
Occupation	<b>Quarry Foreman</b>	
Name of Employer	<b>Rogers Group Inc</b>	<b>Unemployed</b>
How long employed	<b>4 years</b>	
Address of Employer	<b>260 Quarry Road Harriman, TN 37748</b>	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)

2. Estimate monthly overtime

3. SUBTOTAL

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

b. Insurance

c. Union dues

d. Other (Specify): \_\_\_\_\_

5. SUBTOTAL OF PAYROLL DEDUCTIONS

6. TOTAL NET MONTHLY TAKE HOME PAY

7. Regular income from operation of business or profession or farm (Attach detailed statement)

8. Income from real property

9. Interest and dividends

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

11. Social security or government assistance

(Specify): \_\_\_\_\_

12. Pension or retirement income

13. Other monthly income

(Specify): \_\_\_\_\_

14. SUBTOTAL OF LINES 7 THROUGH 13

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

(Report also on Summary of Schedules and, if applicable, on  
Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

	DEBTOR	SPOUSE
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$ <b>4,296.07</b>	\$ <b>0.00</b>
2. Estimate monthly overtime	\$ <b>0.00</b>	\$ <b>0.00</b>
3. SUBTOTAL	\$ <b>4,296.07</b>	\$ <b>0.00</b>
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ <b>337.18</b>	\$ <b>0.00</b>
b. Insurance	\$ <b>127.66</b>	\$ <b>0.00</b>
c. Union dues	\$ <b>0.00</b>	\$ <b>0.00</b>
d. Other (Specify):	\$ <b>0.00</b>	\$ <b>0.00</b>
	\$ <b>0.00</b>	\$ <b>0.00</b>
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ <b>464.84</b>	\$ <b>0.00</b>
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ <b>3,831.23</b>	\$ <b>0.00</b>
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ <b>0.00</b>	\$ <b>0.00</b>
8. Income from real property	\$ <b>0.00</b>	\$ <b>0.00</b>
9. Interest and dividends	\$ <b>0.00</b>	\$ <b>0.00</b>
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ <b>0.00</b>	\$ <b>0.00</b>
11. Social security or government assistance	\$ <b>0.00</b>	\$ <b>0.00</b>
(Specify):	\$ <b>0.00</b>	\$ <b>0.00</b>
	\$ <b>0.00</b>	\$ <b>0.00</b>
12. Pension or retirement income	\$ <b>0.00</b>	\$ <b>0.00</b>
13. Other monthly income	\$ <b>0.00</b>	\$ <b>0.00</b>
(Specify):	\$ <b>0.00</b>	\$ <b>0.00</b>
	\$ <b>0.00</b>	\$ <b>0.00</b>
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ <b>0.00</b>	\$ <b>0.00</b>
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ <b>3,831.23</b>	\$ <b>0.00</b>
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	\$ <b>3,831.23</b>	

In re **Ronald Allsworth Reihl, II**  
**Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtor(s)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<b>493.00</b>
a. Are real estate taxes included? Yes <u>    </u> No <u><b>X</b></u>		
b. Is property insurance included? Yes <u><b>X</b></u> No <u>    </u>		
2. Utilities:		
a. Electricity and heating fuel	\$	<b>500.00</b>
b. Water and sewer	\$	<b>0.00</b>
c. Telephone	\$	<b>40.00</b>
d. Other <u><b>See Detailed Expense Attachment</b></u>	\$	<b>140.00</b>
3. Home maintenance (repairs and upkeep)	\$	<b>100.00</b>
4. Food	\$	<b>650.00</b>
5. Clothing	\$	<b>209.00</b>
6. Laundry and dry cleaning	\$	<b>100.00</b>
7. Medical and dental expenses	\$	<b>180.00</b>
8. Transportation (not including car payments)	\$	<b>490.00</b>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<b>100.00</b>
10. Charitable contributions	\$	<b>0.00</b>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<b>0.00</b>
b. Life	\$	<b>0.00</b>
c. Health	\$	<b>0.00</b>
d. Auto	\$	<b>80.00</b>
e. Other <u>    </u>	\$	<b>0.00</b>
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) <u><b>Real Estate Taxes</b></u>	\$	<b>50.00</b>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<b>0.00</b>
b. Other <u><b>Storage Unit</b></u>	\$	<b>75.00</b>
c. Other <u>    </u>	\$	<b>0.00</b>
14. Alimony, maintenance, and support paid to others	\$	<b>0.00</b>
15. Payments for support of additional dependents not living at your home	\$	<b>0.00</b>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<b>0.00</b>
17. Other <u><b>See Detailed Expense Attachment</b></u>	\$	<b>600.00</b>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	<b>3,807.00</b>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
<hr/>		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I	\$	<b>3,831.23</b>
b. Average monthly expenses from Line 18 above	\$	<b>3,807.00</b>
c. Monthly net income (a. minus b.)	\$	<b>24.23</b>



In re **Ronald Allsworth Reihl, II**  
**Jacquelyn Elizabeth Reihl**

Case No. \_\_\_\_\_

Debtor(s) \_\_\_\_\_

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**  
**Detailed Expense Attachment****Other Utility Expenditures:**

Internet	\$	<b>40.00</b>
Cable	\$	<b>100.00</b>
<b>Total Other Utility Expenditures</b>	<b>\$</b>	<b>140.00</b>

**Other Expenditures:**

Personal Grooming	\$	<b>59.00</b>
Household Cleaners	\$	<b>61.00</b>
Pet Care	\$	<b>50.00</b>
Work Lunches	\$	<b>180.00</b>
Miscellaneous	\$	<b>250.00</b>
<b>Total Other Expenditures</b>	<b>\$</b>	<b>600.00</b>

**United States Bankruptcy Court  
Eastern District of Tennessee**

In re **Ronald Allsworth Reihl, II  
Jacquelyn Elizabeth Reihl**

Debtor(s)

Case No.

Chapter

**7**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **40** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **March 2, 2010**

Signature **/s/ Ronald Allsworth Reihl, II**  
**Ronald Allsworth Reihl, II**  
Debtor

Date **March 2, 2010**

Signature **/s/ Jacquelyn Elizabeth Reihl**  
**Jacquelyn Elizabeth Reihl**  
Joint Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

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**WARNING: Effective December 1, 2009, the 15-day deadline to file schedules and certain other documents under Bankruptcy Rule 1007(c) is shortened to 14 days. For further information, see note at bottom of page 2**

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**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF TENNESSEE**

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

**Many filing deadlines change on December 1, 2009. Of special note, 12 rules that set 15 days to act are amended to require action within 14 days, including Rule 1007(c), filing the initial case papers; Rule 3015(b), filing a chapter 13 plan; Rule 8009(a), filing appellate briefs; and Rules 1019, 1020, 2015, 2015.1, 2016, 4001, 4002, 6004, and 6007.**

**United States Bankruptcy Court  
Eastern District of Tennessee**

In re **Ronald Allsworth Reihl, II**  
**Jacquelyn Elizabeth Reihl**

Debtor(s)

Case No.

Chapter

**7**

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certification of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Ronald Allsworth Reihl, II**  
**Jacquelyn Elizabeth Reihl**

Printed Name(s) of Debtor(s)

Case No. (if known) \_\_\_\_\_

X **/s/ Ronald Allsworth Reihl, II**

Signature of Debtor

**March 2, 2010**

Date

X **/s/ Jacquelyn Elizabeth Reihl**

Signature of Joint Debtor (if any)

**March 2, 2010**

Date

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**Instructions:** Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court  
Eastern District of Tennessee**

In re **Ronald Allsworth Reihl, II  
Jacquelyn Elizabeth Reihl**

Debtor(s)

Case No.  
Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

The above Debtor(s) hereby verifies under the penalty of perjury under the laws of the United States of America that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **March 2, 2010**

**/s/ Ronald Allsworth Reihl, II**  
**Ronald Allsworth Reihl, II**  
Signature of Debtor

Date: **March 2, 2010**

**/s/ Jacquelyn Elizabeth Reihl**  
**Jacquelyn Elizabeth Reihl**  
Signature of Debtor

Date: **March 2, 2010**

**/s/ Zachary Burroughs,**  
Signature of Attorney  
**Zachary Burroughs, 025896**  
**Clark & Washington, P.C.**  
**5401 Kingston Pike**  
**Building 3, Suite 610**  
**Knoxville, TN 37919**  
**865-281-8084 Fax: 865-862-8799**

01 Bureau Investment Group  
c/o The Bureaus  
1717 Central St  
Evanston, IL 60201-1507

Adjustment Service  
PO Box 1512  
Knoxville, TN 37901

Alliance One  
1160 Centre Pointe Drive, Suite #1  
Mednota Heights, MN 55120

Amsouth  
2050 Parkway Office Circle  
Birmingham, AL 35244

Anesthesia Medical Alliance  
c/o Optima Recovery Services  
6215 Kingston Pike, Suite A  
Knoxville, TN 37919

Apex Financial Management, LLC  
PO Box 2219  
Northbrook, IL 60065

Applied Bank Card  
PO Box 11170  
Wilmington, DE 19850

Aspire Visa  
C/O Midland Credit Management  
8875 Aero Dr.  
San Diego, CA 92123

Associated Recovery  
P.O. Box 469046  
Escondido, CA 92046

AT &T Mobility  
c/o AFNI  
PO Box 3427  
Bloomington, IL 61702

Bank of America  
P.O. Box 15726  
Wilmington, DE 19886-5726

Baptist Hospital  
c/o Reports Inc  
601 Concord Street Suite 116  
Knoxville, TN 37939

Baptist Hospital West  
P.O. Box 415000  
MSC410203  
Nashville, TN 37241

Barclays Bank Delaware  
125 S. West Street  
Wilmington, DE 19801

BB&T  
PO Box 819  
Wilson, NC 27894

BellSouth  
P.O. Box 3910  
Tupelo, MS 38803-3910

Best Buy Reward Zone  
P.O. Box 5222  
Carol Stream, IL 60197

BRS Equipment Recovery Services  
PO Box 9062  
Addison, TX 75001

Bureaus Investment  
1717 Central Street  
Evanston, IL 60204

Capital One Bank  
120 East Shore Dr  
Glen Allen, VA 23059

Card Works Inc  
393 Vanadium Rd Suite 300  
Pittsburgh, PA 15243



Charter Communications  
c/o Credit Protection Association  
P.O. Box 600  
Alcoa, TN 37701-0600

Chase Bank  
800 Brooksedge Blvd  
Westerville, OH 43081

CitiBank NA  
701 E 60th St N  
Sioux Falls, SD 57104

Citizens Saving & Loan  
8078 Kingston Pike  
Knoxville, TN 37919

Clark & Washington, PC  
3300 Northeast Expressway  
Bldg. 3 Ste. A  
Atlanta, GA 30341

Clary P Foote MD  
2319 S Roane Street  
Harriman, TN 37748-8653

College Loan Corp  
c/o ACS  
501 Bleecker St  
Utica, NY 13501

Comcast  
c/o CBCS  
P.O. Box 163250  
Columbus, OH 43216

Covenant Medical Management  
280 Fort Sanders W Blvd 205  
Knoxville, TN 37922

Credit Collection Services  
Two Wells Avenue  
Dept. 587  
Newton Center, MA 02459

Credit One  
P.O. Box 60500  
City Of Industry, CA 91716-0500

David Ayers  
423 Medical Park Drive  
Lenoir City, TN 37772

Desoto Memorial Hospital  
900 N Roberts Ave  
Arcadia, FL 34266

Donald Morris  
801 Cranfield Lane  
Lenoir City, TN 37772

Enhanced Recovery  
8014 Bayberry Road  
Jacksonville, FL 32256

Equable Ascent Financial LLC  
1120 W Lake Cook Rd  
Ste B  
Buffalo Grove, IL 60089

FAST  
P.O. Box 11567  
8300 Kingston Pike  
Knoxville, TN 37939-1567

Fay Portable Buildings  
c/o Transworld Systems  
320 N. Cedar Bluff Rd #240  
Knoxville, TN 37923

First Premier Bank  
3820 N Louise Ave  
Sioux Falls, SD 57107-0145

First Source  
P.O. Box 628  
Buffalo, NY 14240

Ft. Sanders Loudon Emergency  
c/o Revenue REcovery  
612 Gay St  
Knoxville, TN 37902

Gary A. Cooper DDS  
420 S. Charels G Seviars Blvd  
Clinton, TN 37716

GE Money Bank  
c/o Midland Funding  
PO Box 1967  
Southgate, MI 48195

Grant, Konvalinka & Harrison, PC  
P.O. Box 24326  
Chattanooga, TN 37422

Harriman City  
PO Box 433  
Harriman, TN 37748

Harriman City Hospital  
412 Devonia Street  
P.O. Box 489  
Harriman, TN 37748

Harriman Utility Board  
c/o IC Systems  
P.O. Box 64378  
Saint Paul, MN 55164-0378

Harry G Boye Jr  
c/o Revenue Recovery  
612 Gay St  
PO Box 2968  
Memphis, TN 37501

HSBC Card Services  
c/o Arrow Financial Service  
5996 W Touhy Ave  
Niles, IL 60714

IRS  
401 W. Peachtree St., N.W.  
Stop #334-D  
Room 400  
Atlanta, GA 30308

Jeffery A Keeman  
PO Box 23740  
Knoxville, TN 37933

Jolas & Associates, LLP  
202 1st. Street NW  
P.O. Box 4000  
Mason City, IA 50401

Juniper Bank  
P.O. Box 8801  
Wilmington, DE 19899

Knox County General Sessions Court  
400 Main Street  
Knoxville, TN 37902

Knoxville Wholesale Furniture  
PO Box 3212  
Evansville, IN 47731

Lab Corp  
c/o AMCA  
2269 S. Saw Mill River Road  
Elmsford, NY 10523

Loudon County Trustee  
PO Box 351  
Loudon, TN 37774

LVNV Funding LLC  
P.O. Box 10584  
Greenville, SC 29603-0584

MARIN  
c/o LVNV Funding LLC  
P.O. Box 10497  
Greenville, SC 29603

Med 1 02 Jeffery A Keenan  
c/o Revenue Recovery  
612 Gay St  
Knoxville, TN 37902

Med 1 Anesthesia Medical Alliance  
c/o Optima Recovery  
P.O.Box 52968  
Knoxville, TN 37950

Med 1 Dr.Arthur Miller Assoc. PA  
c/o Rapid Recovery  
1325 SE 47th St  
Cape Coral, FL 33904-9692

Med1 02 Baptist Hospital  
c/o North American Credit Services  
2810 Walker Rd  
Chattanooga, TN 37421-1082

Mercy  
Dept 255  
PO Box 4115  
Concord, CA 94524

Merrick Bank  
P.O. Box 1500  
Draper, UT 84020

MMC Anesthesia  
c/o Revenue REcovery  
612 Gay st  
PO Box 2968  
Knoxville, TN 37901

MRS Associates INC  
1930 Olney Ave  
Cherry Hill, NJ 08003

Nextel  
c/o GC Services  
6330 Gulfton St  
Houston, TX 77081-1108

Nissan Motor Acceptance  
c/o GC Services Limited  
PO Box 5220 (023)  
San Antonio, TX 78201

North America Credit Services  
2810 Walker Road  
PO Box 182221  
Chattanooga, TN 37421-1082

Oak Ridge Hospital  
990 Oak Ridge Tnpk  
Oak Ridge, TN 37830

OB/GYN Professionals  
9330 Parkwest Blvs  
Knoxville, TN 37923

ORNL FCU  
PO Box 365  
Oak Ridge, TN 37831

Parkwest Medical Center  
Knoxville Business Office Services  
Bldg. B Ste. 401  
1410 Centerpoint Blvd.  
Knoxville, TN 37922

Pathology Laboratories West  
c/o Nashville Adjustment Bureau  
P.O. Box 198988  
Nashville, TN 37219

Pediatric Choice  
125 East Town Creek Road  
Lenoir City, TN 37772

Pediatric Choice LLC  
c/o Fast Inc  
8300 Kingston Pike  
Knoxville, TN 37919

Pediatrics-Obst  
Medical Group 1  
PO Box 504464  
Saint Louis, MO 63150

Portfolio Recovery  
P.O. Box 12914  
Norfolk, VA 23541

Premier Surgical Associates  
c/o Optima Recovery Services  
6215 Kingston Pk Ste A  
Knoxville, TN 37919

Quest Diagnostics  
PO Box 740777  
Cincinnati, OH 45274

Radiology Imaging  
c/o Optima Recovery Services  
6215 Kingston Pike, Suite A  
P.O.Box 52968  
Knoxville, TN 37950

Rebecca Walker  
Ste 100  
9300 Park West Blvd  
Knoxville, TN 37923

Redline Recoveries  
6464 Savoy Drive.  
4th Fl.  
Houston, TX 77036

Regions Bank  
Department 0150  
P.O. Box 2153  
Birmingham, AL 35287

Revenue Recovery Corp  
612 South Gay Street  
P.O. Box 2698  
Knoxville, TN 37901

Roane County Chancery Court  
P.O. Box 402  
Docket No. 16038  
Kingston, TN 37763

Roane Medical Center  
PO Box 489  
Harriman, TN 37748

Ronald Reihl  
1095 W Garber Ave  
Harriman, TN 37748

Rural/Metro Ambulance  
C/O Revenue Recovery  
PO Box 2698  
Knoxville, TN 37901

SE Emergency Phy  
3429 Regal Dr  
Alcoa, TN 37701

Sears  
c/o Jefferson Capital Systems  
16 McLeland Road  
Saint Cloud, MN 56303

Simm Associates  
800 Pencader Drive  
Newark, DE 19702

Sonic  
c/o Arthur Gallagher  
2345 Grand Blvd Suite 900  
Kansas City, MO 64108

Sprint  
c/o NCO Financial  
PO Box 41448  
Philadelphia, PA 19101

Stephen Lazarus  
801 N Weisgarber Rd  
Ste 500  
Knoxville, TN 37909

Summitt Medical Group  
1225 East Weisgaber Road #200  
Knoxville, TN 37909



Suzanne H Bauknight  
Asst US Atty  
Howard H. Baker Jr US Courthouse  
800 Market St. Suite 211  
Knoxville, TN 37902

TCCA/CBET  
Credit Bureau Collection  
Division P.O. Box 1619  
Morristown, TN 37816

The Skin Wellness Center  
10215 Kingston Pike, Suite 200  
Knoxville, TN 37922

The Willows  
7000 Arbor Trace  
Knoxville, TN 37909

Tin Hughes and Christina Turner  
c/o Donice Butler  
719 Morgan Avenue  
Harriman, TN 37748

Tina Hughes and Christina Turner  
c/o Donice Butler  
719 Morgan Ave  
Harriman, TN 37748

TN Foot and Ankle Clinic  
125 E. Town Creek Rd  
Lenoir City, TN 37772

Toys R US Cardmember Services  
P.O. Box 94014  
Palatine, IL 60094

Tri County Collection  
221 E Main Street, Suite 201  
Morristown, TN 37814

TRS  
4315 Pickett Road  
Saint Joseph, MO 64503

Union Planters Bank  
Southeastern Financial  
6160 E. Shelby Dr.  
Memphis, TN 38141

University Anesthesia  
C/O Accounts Research  
PO BOX 22782  
Knoxville, TN 37933

University of Phoenix  
4615 East Elwood  
Phoenix, AZ 85040

University Patologists, PC  
P.O. Box 52450  
Knoxville, TN 37950

Unknown

US Cellular  
P.O. Box 530724  
Atlanta, GA 30353

UT Medical Center  
P.O. Box 1512  
Knoxville, TN 37901

Verizon  
c/o Midland Credit Managment  
8875 Aero Drive  
San Diego, CA 92123

Vista Radiology  
C/O Revenue Recovery  
PO Box 2698  
Knoxville, TN 37901

Wachovia Bank  
c/o RJM Acquisitions, LLC  
575 Underhill Blvd. #224  
Syosset, NY 11791

Washington Mutual  
c/o Hudson and Keyse  
382 Blackbrook Rd  
Painesville, OH 44077-1217

WCZ of TN Loudon  
2400 Chipman St  
Knoxville, TN 37917

Wells Fargo Auto Finance  
c/o Central Credit Services  
PO Box 15118  
Jacksonville, FL 32239